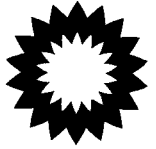


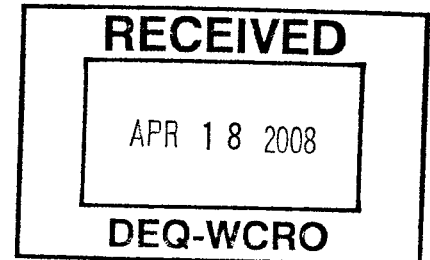
bp

KH



April 18, 2008

Mr. Kevin Harlow
Virginia Department of Environmental Quality
West Central Regional Office
3019 Peters Creek Road
Roanoke, Virginia 24019



Re: BP Products North America – Montvale
VPDES Permit VA0054577
Renewal Application

Dear Mr. Harlow:

Please find enclosed our VPDES permit renewal application for permit VA0054577. I have enclosed the original and 3 copies as requested.

If you have any questions, or require additional information, please do not hesitate to contact Michael Bedwell, BP Terminal Manager, at (540) 947-2227, or Robert Tworkowski, BP HSSE Advisor, at (410) 636-6416.

Sincerely,
BP Products NA, Inc.

A handwritten signature in cursive script that reads "Michael Bedwell".

Michael Bedwell
Terminal Manager

.cc Robert Tworkowski – BP HSSE Advisor

VPDES Permit Application Addendum

1. Entity to whom the permit is to be issued: BP Products North America, Incorporated
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. Is this facility located within city or town boundaries? Y ☒ (N)

3. Provide the tax map parcel number for the land where the discharge is located. 87C-1-5D, 18-24, 33-37

4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? 0

5. What is the design average effluent flow of this facility? ~1.25 MGD

For industrial facilities, provide the max. 30-day average production level, include units: N/A

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y ☒ (N)

If "Yes", please identify the other flow tiers (in MGD) or production levels: N/A

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. Nature of operations generating wastewater:

Surface water flow across bulk petroleum terminal facility.

☒ % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: N/A

100% of flow from non-domestic connections/sources

7. Mode of discharge: Continuous ☒ Intermittent Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

Discharge is contingent upon rain/snowfall events, duration of discharge is determined by precipitation amounts.

8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

☒ Permanent stream, never dry

☐ Intermittent stream, usually flowing, sometimes dry

☐ Ephemeral stream, wet-weather flow, often dry

☐ Effluent-dependent stream, usually or always dry without effluent flow

☐ Lake or pond at or below the discharge point

☐ Other: _____


9. Approval Date(s):

O & M Manual 03/09/2000 Sludge/Solids Management Plan N/A

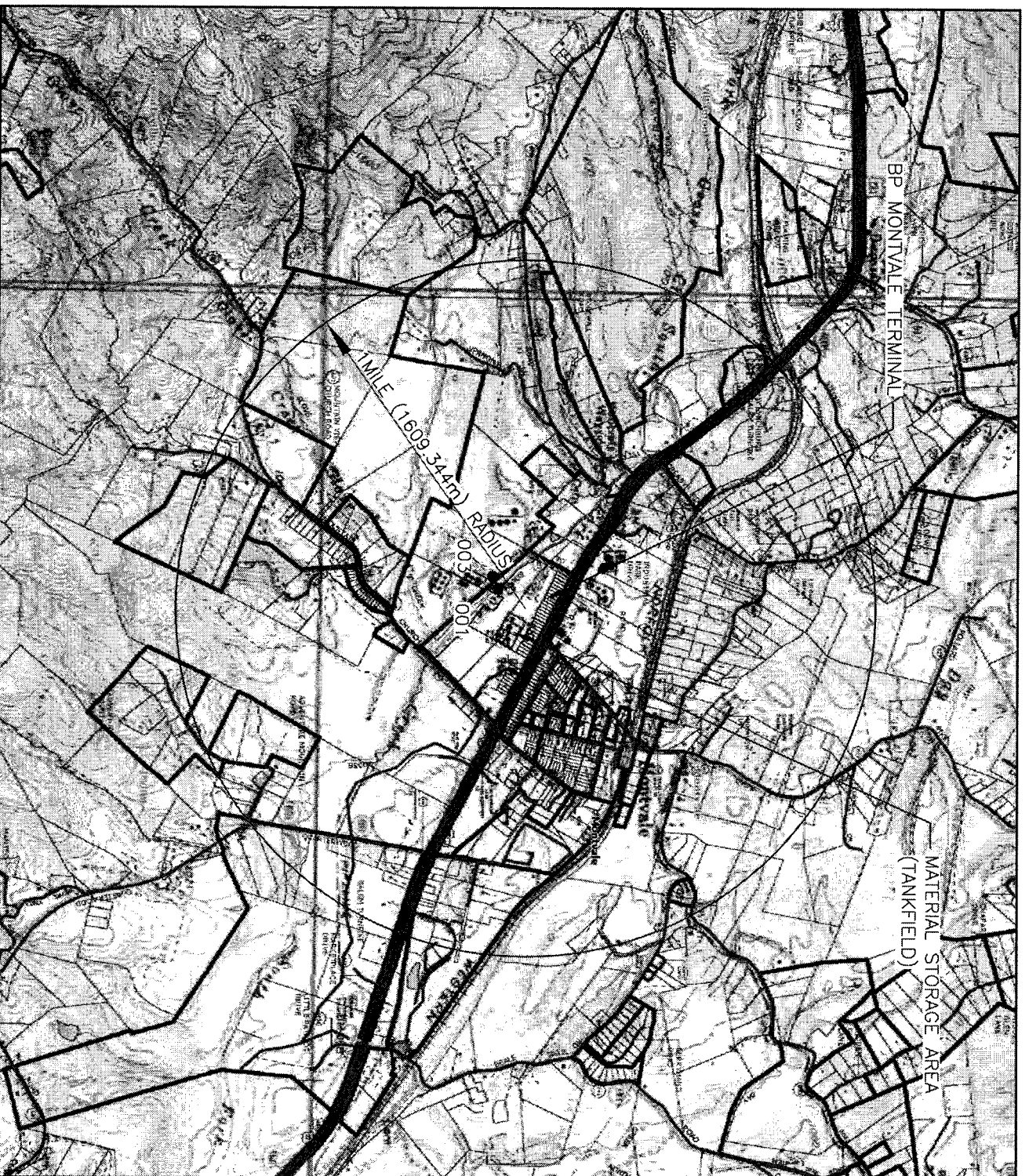
Have there been any changes in your operations or procedures since the above approval dates? Y ☒ (N)


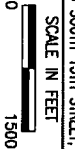
FORM 1 GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="5">I. EPA I.D. NUMBER</th> </tr> <tr> <td style="width:5%; text-align: center;">S</td> <td style="width:75%;"></td> <td style="width:10%; text-align: center;">T/A</td> <td style="width:5%; text-align: center;">C</td> <td style="width:5%;"></td> </tr> <tr> <td style="text-align: center;">F</td> <td>110008997032</td> <td></td> <td style="text-align: center;">D</td> <td></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">13</td> <td style="text-align: center;">14</td> <td style="text-align: center;">15</td> </tr> </table>	I. EPA I.D. NUMBER					S		T/A	C		F	110008997032		D		1	2	13	14	15																																				
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<p>II. POLLUTANT CHARACTERISTICS</p> <p style="font-size: x-small;">INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:40%;">SPECIFIC QUESTIONS</th> <th colspan="3" style="text-align: center;">Mark "X"</th> <th rowspan="2" style="width:40%;">SPECIFIC QUESTIONS</th> <th colspan="3" style="text-align: center;">Mark "X"</th> </tr> <tr> <th style="width:10%;">YES</th> <th style="width:10%;">NO</th> <th style="width:10%;">FORM ATTACHED</th> <th style="width:10%;">YES</th> <th style="width:10%;">NO</th> <th style="width:10%;">FORM ATTACHED</th> </tr> </thead> <tbody> <tr> <td>A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>B. 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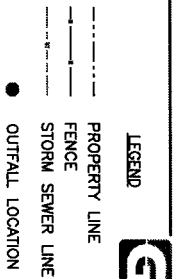
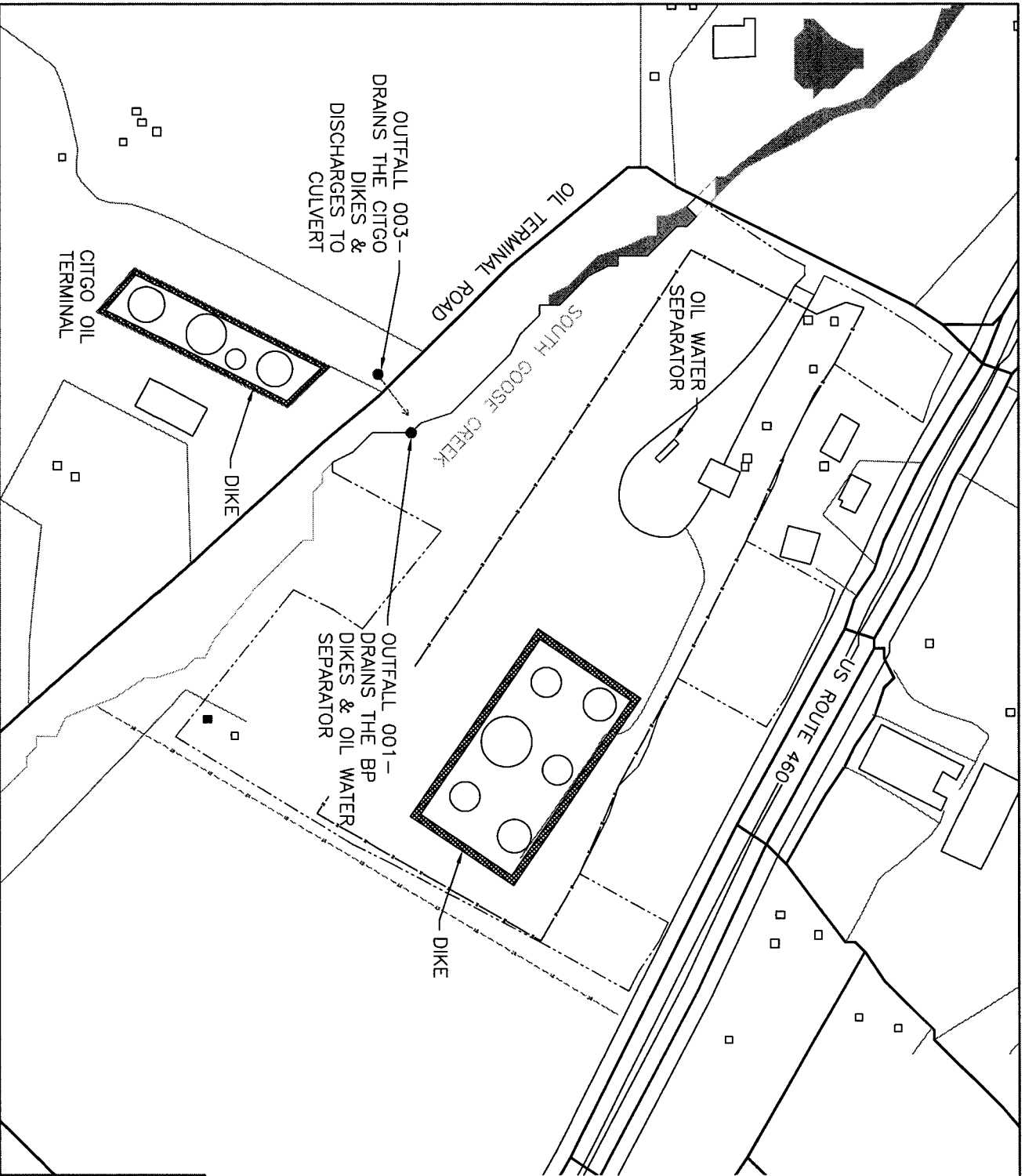
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

VII. SIC CODES (4-digit, in order of priority)										
A. FIRST					B. SECOND					
C	7	5	1	7	(specify)	C	7		(specify)	
15	16	17	18	19		15	16	17	18	
C. THIRD					D. FOURTH					
C	7			(specify)	C	7		(specify)		
15	16	17	18	19		15	16	17	18	
VIII. OPERATOR INFORMATION										
A. NAME								B. Is the name listed in Item VIII-A also the owner?		
C	8	BP Products North America, Incorporated							<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15	16								55	56
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)								D. PHONE (area code & no.)		
F = FEDERAL		M = PUBLIC (other than federal or state)		P		(specify)		(540) 947-2227		
S = STATE		O = OTHER (specify)								
P = PRIVATE				56				15 16 17 18 19 20 21 22 23 24 25 26		
E. STREET OR P.O. BOX										
1070 Oil Terminal Road										
26								55		
F. CITY OR TOWN						G. STATE	H. ZIP CODE	IX. INDIAN LAND		
C	B	Montvale				VA	24122	Is the facility located on Indian lands?		
15	16					40	41	42	43	
						44	45	46	47	
						48	49	50	51	
						52	53			
X. EXISTING ENVIRONMENTAL PERMITS										
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)					
C	T	I			C	T	I			
9	N			VA0054577	9	P				
15	16	17	18	19	30	31	32	33		
B. UIC (Underground Injection of Fluids)					E. OTHER (specify)					
C	T	I			C	T	I			
9	U				9			30232		
15	16	17	18	19	30	31	32	33		
C. RCRA (Hazardous Wastes)					E. OTHER (specify)					
C	T	I			C	T	I			
9	R				9					
15	16	17	18	19	30	31	32	33		
XI. MAP										
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.										
XII. NATURE OF BUSINESS (provide a brief description)										
Petroleum product bulk storage and distribution facility. Petroleum product is received by underground pipeline and stored in aboveground storage tanks located within diked tank farms. Products are loaded onto trucks for distribution.										
XIII. CERTIFICATION (see instructions)										
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.										
A. NAME & OFFICIAL TITLE (type or print)					B. SIGNATURE			C. DATE SIGNED		
Michael Bedwell								04/18/2008		
Terminal Manager										
COMMENTS FOR OFFICIAL USE ONLY										
C					C					
15	16	17	18	19	30	31	32	33		
55										

- OUTFALL LOCATION



DRAFTED BY: JW	LOCAL AREA MAP
CHECKED BY: MO	BP PRODUCTS NORTH AMERICA 1070 OIL TERMINAL ROAD MONTVALE, VA 24122
REVIEWED BY: EN	Groundwater & Environmental Services, Inc. 23 SOUTH 13TH STREET, SUITE 201, RICHMOND, VA 23219
NORTH 	SCALE IN FEET 
	DATE 04-16-08
	FIGURE



DESIGNED BY: JW	SITE MAP		
CHECKED BY: MO	BP PRODUCTS NORTH AMERICA 1070 OIL TERMINAL ROAD MONTVALE, VA 24122		
REVIEWED BY: EN			
NORTH			
Groundwater & Environmental Services, Inc. 23 SOUTH 13TH STREET, SUITE 201, RICHMOND, VA 23219			
			
		DATE 04-16-08	FIGURE 2



Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

Please print or type in the unshaded areas only.

[illegible]

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal? <input type="checkbox"/> YES (complete the following table) <input checked="" type="checkbox"/> NO (go to Section III)								
1. OUTFALL NUMBER (list)	2. OPERATION(s) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		C. DURATION (in days)
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?
☐ YES (complete Item III-B) ☒ NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?
☐ YES (complete Item III-C) ☒ NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.
☐ YES (complete the following table) ☒ NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.
☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (copy from Item 1 of Form 1)
110008997032

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
Xylene 2/14/08- Sample A: o-Xylene- 233 (ug/L) m,p-Xylenes- 207 (ug/L) Xylenes, Total- 441 (ug/L) Sample B: o-Xylene- 200 (ug/L) m,p-Xylenes- 227 (ug/L) Xylenes, Total- 428 (ug/L) Sample C: o-Xylene- 205 (ug/L) m,p-Xylenes- 236 (ug/L) Xylenes, Total- 442 (ug/L)	Petroleum products stored at facility		

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below)

☒ NO (go to Item VI-B)

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ YES (identify the test(s) and describe their purposes below) ☐ NO (go to Section VIII)

Outfall 101 - Via 001 is sampled on a semi-annual basis via an Acute Whole Effluent Toxicity test (full range, 48-Hour static test utilizing *Ceriodaphnia dubia*). This analysis is used to evaluate and determine if toxicity reduction evaluations are necessary.

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below) ☐ NO (go to Section IX)

☐ NO (go to Section IX)

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)	B. PHONE NO. (area code & no.)
--	--------------------------------

Michael Bedwell, Terminal Manager	(540) 947-2227
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(540) 947-2227

	04/18/2008
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04/18/2008

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.
SEE INSTRUCTIONS.

EPA ID NUMBER (copy from Item 1 of Form 1)
110008997032

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

OUTFALL NO.
101 VLA - 001

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)	4. INTAKE (optional)					
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS					(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	3				3		2	mg/L		N/A			
b. Chemical Oxygen Demand (COD)	22.0				21.7		2	mg/L		N/A			
c. Total Organic Carbon (TOC)	6.4				5.08		8	mg/L		N/A			
d. Total Suspended Solids (TSS)	11.8				11.6		2	mg/L		N/A			
e. Ammonia (as N)	<0.1				<0.1		1	mg/L		N/A			
f. Flow	VALUE ~1.25		VALUE ~1.25		VALUE ~1.25		N/A	MGD		VALUE N/A			
g. Temperature (winter)	VALUE 11.72		VALUE 11.72		VALUE 11.57		3	°C		VALUE N/A			
h. Temperature (summer)	VALUE 29.0		VALUE 29.0		VALUE 25.7		6	°C		VALUE N/A			
i. pH	MINIMUM 7.22	MAXIMUM 8.89	MINIMUM 7.41	MAXIMUM 8.89			9	STANDARD UNITS					

PART B - Mark 'X' in column 2-a for each pollutant you know or have reason to believe is present. Mark 'X' in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT				d. NO. OF ANALYSES	4. UNITS		5. INTAKE (optional)		b. NO. OF ANALYSES	
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION		b. MAXIMUM 30 DAY VALUE (if available)			c. LONG TERM AVRG. VALUE (if available)		a. CONCENTRATION	b. MASS		a. LONG TERM AVERAGE VALUE (1) CONCENTRATION
a. Bromide (24959-67-9)		X											
b. Chlorine, Total Residual		X											
c. Color		X											
d. Fecal Coliform		X											
e. Fluoride (16984-48-8)		X											
f. Nitrate-Nitrite (as N)	X		0.22		0.22		0.21		2	mg/L			

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)	X		0.5		0.5		0.5		2	mg/L				
h. Oil and Grease		X												
i. Phosphorus (as P), Total (7723-14-0)	X		0.07		0.07		0.07		2	mg/L				
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO ₄) (14808-79-8)		X												
l. Sulfide (as S)		X												
m. Sulfite (as SO ₃) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2c for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT				4. UNITS		5. INTAKE (optional)	
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1)	b. MAXIMUM 30 DAY VALUE (1) (if available)	c. LONG TERM AVG. VALUE (1) (if available)	d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS											
1M. Antimony, Total (7440-36-0)			X								
2M. Arsenic, Total (7440-38-2)			X								
3M. Beryllium, Total (7440-41-7)			X								
4M. Cadmium, Total (7440-43-9)			X								
5M. Chromium, Total (7440-47-3)			X								
6M. Copper, Total (7440-50-8)			X								
7M. Lead, Total (7439-92-1)			X								
8M. Mercury, Total (7439-97-6)			X								
9M. Nickel, Total (7440-02-0)			X								
10M. Selenium, Total (7782-49-2)			X								
11M. Silver, Total (7440-22-4)			X								
12M. Thallium, Total (7440-28-0)			X								
13M. Zinc, Total (7440-66-6)			X								
14M. Cyanide, Total (57-12-5)			X								
15M. Phenols, Total			X								
DIOXIN											
2,3,7,8-Tetra-chlorodibenzo-P-dioxin (1764-01-6)			X	DESCRIBE RESULTS							

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)				
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
1V. Acrolein (107-02-8)			X													
2V. Acrylonitrile (107-13-1)			X													
3V. Benzene (71-43-2)			X													
4V. Bis (Chloromethyl) Ether (542-88-1)			X													
5V. Bromoform (75-25-2)			X													
6V. Carbon Tetrachloride (56-23-5)			X													
7V. Chlorobenzene (108-90-7)			X													
8V. Chlorobromomethane (124-48-1)			X													
9V. Chloroethane (75-00-3)			X													
10V. 2-Chloroethylnyl Ether (110-75-8)			X													
11V. Chloroform (67-66-3)			X													
12V. Dichlorobromomethane (75-27-4)			X													
13V. Dichlorodifluoromethane (75-71-8)			X													
14V. 1,1-Dichloroethane (75-34-3)			X													
15V. 1,2-Dichloroethane (107-06-2)			X													
16V. 1,1-Dichloroethylene (75-35-4)			X													
17V. 1,2-Dichloropropane (78-87-5)			X													
18V. 1,3-Dichloropropylene (342-75-6)			X													
19V. Ethylbenzene (100-41-4)			X													
20V. Methyl Bromide (74-83-9)			X													
21V. Methyl Chloride (74-87-3)			X													

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)		b. NO. OF ANALYSES	
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION		(2) MASS
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)		X		1.71		1.71		56		9	ug/L				
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION - ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-73-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-05-2)			X												

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphthylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (a) Anthracene (56-55-3)			X												
6B. Benzo (a) Pyrene (50-32-8)			X												
7B. 3,4-Benzofluoranthene (205-99-2)			X												
8B. Benzo (ghi) Perylene (191-24-2)			X												
9B. Benzo (h) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloroethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloroethyl) Ether (111-44-4)			X												
12B. Bis (2-Chloroisopropyl) Ether (102-80-1)			X												
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloronaphthalene (91-58-7)			X												
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichlorobenzene (95-50-1)			X												
21B. 1,3-Dichlorobenzene (541-73-1)			X												

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)				
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
22B. 1,4-Dichloro- benzene (106-46-7)			X													
23B. 3,3-Dichloro- benzidine (91-94-1)			X													
24B. Diethyl Phthalate (84-66-2)			X													
25B. Dimethyl Phthalate (131-11-3)			X													
26B. Di-N-Butyl Phthalate (84-74-2)			X													
27B. 2,4-Dinitro- toluene (121-14-2)			X													
28B. 2,6-Dinitro- toluene (606-20-2)			X													
29B. Di-N-Octyl Phthalate (117-84-0)			X													
30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7)			X													
31B. Fluoranthene (206-44-0)			X													
32B. Fluorene (86-73-7)			X													
33B. Hexachloro- benzene (118-74-1)			X													
34B. Hexachloro- butadiene (87-68-3)			X													
35B. Hexachloro- cyclopentadiene (77-47-4)			X													
36B. Hexachloro- ethane (67-72-1)			X													
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X													
38B. Isophorone (78-59-1)			X													
39B. Naphthalene (91-20-3)			X													
40B. Nitrobenzene (98-95-3)			X													
41B. N-Nitro- sodimethylamine (62-75-9)			X													
42B. N-Nitrosodi- N-Propylamine (621-64-7)			X													

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASENEUTRAL COMPOUNDS (continued)															
43B. N,N-lithio-sodiumphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Trichlorobenzene (120-82-1)			X												
GC/MS FRACTION - PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-88-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-85-9)			X												
9P. 4,4'-DDD (72-84-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Endosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Alderhyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

CONTINUED FROM PAGE V-8

EPA I.D. NUMBER (copy from Item 1 of Form 1)
11000897032OUTFALL NUMBER
101 - Via 001

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT				4. UNITS		5. INTAKE (optional)						
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1)		b. MAXIMUM 30 DAY VALUE (if available) (1)		c. LONG TERM AVRG. VALUE (if available) (1)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1)		b. NO. OF ANALYSES	
				CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS				CONCENTRATION	(2) MASS		
77P. Heptachlor Epoxide (1024-57-3)			X													
18P. PCB-1242 (53469-21-9)			X													
19P. PCB-1254 (11097-69-1)			X													
20P. PCB-1221 (11104-28-2)			X													
21P. PCB-1232 (11141-16-5)			X													
22P. PCB-1248 (12672-29-6)			X													
23P. PCB-1260 (11096-82-5)			X													
24P. PCB-1016 (12674-11-2)			X													
25P. Toxaphene (8001-35-2)			X													

Please print or type in the unshaded areas only.

FORM
2F
NPDESU.S. Environmental Protection Agency
Washington, DC 20460**Application for Permit to Discharge Storm Water
Discharges Associated with Industrial Activity****Paperwork Reduction Act Notice**

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (list)	B. Latitude			C. Longitude			D. Receiving Water (name)
102 - Via 001	37	22	58	79	44	21	South Fork Goose Creek
003	37	22	53	79	44	21	South Fork Goose Creek

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
N/A					

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
102 - Via 001	1.2 acres	1.2 acres	003	0.55 acres	0.55 acres

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.


Petroleum products are stored within aboveground storage tanks, and are not permitted to come into contact with stormwater.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
102 - Via 001 003	Physically, both dikes (BP & CITGO) areas are exposed to air, allowing for evaporation action. Both dikes (outfall 102 - Via 001 & 003 respectively) also discharge to surface waters (South Fork Goose Creek). Basic maintenance is all that is required on the dikes and outfall piping/structures for each system.	1-F & 4-A

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or From 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Michael Bedwell, Terminal Manager		4/18/08

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Regular visual inspection of the diked areas prior to opening dike valves to allow discharges.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

None.

Continued from Page 2

EPA ID Number (copy from Item 1 of Form 1)
110008997032**VII. Discharge Information**

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (list all such pollutants below)☒ No (go to Section IX)**VIII. Biological Toxicity Testing Data**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ Yes (list all such pollutants below)☐ No (go to Section IX)

Outfall 003 ONLY -

Sampled on an annual basis via an Acute Whole Effluent Toxicity test (full range, 48-hour static test utilizing Ceriodaphnia dubia). This analysis is used to evaluate and determine if toxicity reduction evaluations become necessary.

IX. Contract Analysis Information

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)☐ No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Air Water & Soil Laboratories, Inc.	2109-A North Hamilton Street, Richmond, Virginia 23230	804.358.8295	Consituents listed in Part VII (with exception of BOD)
Analytics Corporation	10329 Stony Run Lane, Ashland, Virginia 23005	804.365.3000	BOD

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (Type Or Print)

Michael Bedwell, Terminal Manager

B. Area Code and Phone No.

(540) 947-2227

C. Signature



D. Date Signed

04/18/2008

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)
02/06/08	~60	0.25	52.5	N/A	?

7. Provide a description of the method of flow measurement or estimate.

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)
9/14/2007	540	0.91	68	N/A	?

7. Provide a description of the method of flow measurement or estimate.